



CHUBB

Mailing & Billing Address: P.O. Box 42065, Phoenix, AZ 85080
Tel: (213) 612-0880 Toll Free: (800) 262-4459 Fax: (800) 664-1765

June 21, 2019

SENT VIA E-MAIL TO N/A

Jonathan Shockley
1000 Sutter St
San Francisco, CA 94109-5818

JUN 24 2019

Re: Claim Number:	040519008736
Policy Number:	000071738154/000090
Employer:	Biotelemetry, Inc
Employee:	Jonathan Shockley
Date of Accident:	2/15/2019
Writing Company:	Chubb Indemnity Insurance Company

NOTICE REGARDING PERMANENT DISABILITY BENEFITS DENIAL

Dear Jonathan Shockley,

Chubb is handling your workers' compensation claim on behalf of Biotelemetry, Inc. This notice is to advise you of the status of disability benefits for your workers' compensation injury on the date shown above.

On 05/28/2019 you were discharged from care. Based upon the report of 05/28/2019 from Patrick O'Lang, MD, your treating physician, you have recovered from your injury with no permanent disability. For this reason, no permanent disability payments are payable. A copy of the report is attached to this notice.

You and I both have the right to disagree with the physician's findings and request a comprehensive medical evaluation.

We are not requesting the report of your treating physician be rated for permanent disability by the Disability Evaluation Unit (DEU). If you are unrepresented, you may contact the Information and Assistance officer to have the report reviewed and rated by the DEU.

The determination of permanent disability is based on the evaluation of treating physician Patrick O'Lang, MD dated 05/28/2019. I agree with the results of the evaluation.

If you are represented, you may contact your attorney with any questions.

Some employees injured on or after January 1, 2004 may be entitled to a supplemental job displacement benefit (SJDB). To be eligible, you must have an Award for permanent partial disability, must not have received an offer of Modified or Alternate work from your employer and have not returned to work for the employer within sixty (60) days of the termination of temporary disability benefits. Because the injury has not caused any permanent disability, you are not entitled to a supplemental job displacement benefit.

Additional information may be found in the publication ***Workers' Compensation in California: A Guidebook for Injured Workers***. A complete copy of the Guidebook may be obtained on the Division of Workers' Compensation website (see URL below) or by contacting an Information and Assistance (I&A) Officer of the Division of Workers' Compensation. Permanent Disability is discussed in chapter 7 of the Guidebook.

Guidebook for Injured Workers:

<http://www.dir.ca.gov/InjuredWorkerGuidebook/InjuredWorkerGuidebook.html>

Chapter 7: Permanent Disability:

<http://www.dir.ca.gov/InjuredWorkerGuidebook/Chapter7.pdf>

Chapter 4: Resolving Problems with Medical Care & Medical Reports

<http://www.dir.ca.gov/InjuredWorkerGuidebook/Chapter4.pdf>

The State of California requires that you be given the following information:

You have a right to disagree with decisions affecting your claim. If you have any questions about the information provided to you in this notice, please call, Mario Castro at 213-612-0880.

You also have the right to be represented by an attorney of your choice. However, if you are represented by an attorney, you should call your attorney, not Mario Castro .

For information about the Workers' Compensation claims process and your rights and obligations, go to www.dir.ca.gov or contact an Information and Assistance (I&A) Officer of the State Division of Workers' Compensation. For recorded information and a list of offices, call (800)736-7401.

Si usted prefiere recibir esta carta en espanol, por favor llame al numero 213-612-0880.

Keep this notice. It contains important information about your workers' compensation benefits.

Sincerely,

Mario Castro

Mario Castro
213-612-0880

cc:

Biotelemetry, Inc
ATTN: HUMAN RESOURCES
33 New Montgomery St,
San Francisco, CA 94105

Farber & Co
333 Hegenberger Road, #504
Oakland, CA 94621

Christian Charles Colantoni
Colantoni, Collins, Marren, Phillips and Tulk
201 Spear Street #1100
San Francisco, CA 94105

Enc.: Medical report, Patrick O'Lang, MD, 05/29/2019

The Hand Center of San Francisco, Inc

Kyle D Bickel, MD

Hand and Wrist Surgery

Upper Extremity Reconstruction

Microsurgery

Patrick O Lang, MD

Reconstructive Surgery

May 28, 2019

Chubb/Wc
P.O. Box 42065
Phoenix, AZ 85080

RE: Jonathan Shockley
Employer: Biotelemetry
DOI: 06/25/2018
Claim #: 040519008736

TREATING PHYSICIAN'S PERMANENT AND STATIONARY REPORT/PR3

Dear Ladies and Gentlemen:

This patient has been under my care for treatment of his bilateral upper extremity repetitive strain injury.

HISTORY OF INJURY This patient is a 40-year-old right-hand-dominant EKG technician who was referred to my office with bilateral upper extremity pain. His symptoms arose in the setting of his work as an EKG technician. His job is a quota-based position that requires him to analyze large numbers of EKG reports on a computer monitor. This involves extensive mouse clicking in a repetitive fashion. In the course of his work, he developed a diffuse of bilateral hand and forearm pain.

TREATMENT RENDERED This has been managed conservatively with work restrictions and occupational hand therapy. In addition, he is undergone a formal ergonomics evaluation of his computer work station.

CURRENT STATUS Unchanged.

CURRENT SUBJECTIVE COMPLAINTS The patient continues to report vague bilateral hand and wrist and forearm pain. He has been off work for several weeks now but the symptoms are persistent. He reports that he was talking on the phone just a few days ago and had a significant exacerbation of his right wrist and forearm pain from simply holding a phone.

Patient Name Jonathan Shockley

Date of Visit 2019-05-28

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PHYSICAL EXAM Physical exam continues to be within normal limits. Tinel's sign in the ulnar nerve at the elbow is negative bilaterally. Forearm compartments are soft and nontender to palpation bilaterally. Finkelstein's test is negative at the wrist bilaterally. Wrist range of motion and digital range of motion are normal bilaterally. Carpal tunnel compression test is negative bilaterally. Sensation is grossly intact distally bilaterally.

IMPRESSION 40-year-old man with bilateral upper extremity repetitive strain injury. I had a lengthy discussion with the patient today regarding his current status. Unfortunately, I have no additional treatment to offer him. His symptoms are classic for repetitive strain injury and are clearly related to the nature of his work as a reviewer of EKGs. This job requires very high-volume and repetitive use of a mouse and keyboard. I told him that the prognosis for these sorts of repetitive pain symptoms is highly variable. My suspicion is that the symptoms will eventually resolve. The timeline is not clear. He is emphatic about being unable to use a computer as any minor use of the computer causes flares in his symptoms. I therefore recommended that we designate him Permanent and Stationary status with the permanent work restriction of no computer use. He understands that this will likely have implications for his employment.

TREATMENT/FUTURE MEDICAL None needed.

WORK STATUS Modified duty with no use of the computer.

FOLLOW UP None needed.

Thank you again for your referral. Please let me know if I can be of any further help.

Sincerely,

Patrick O Lang, M.D.

Cal Lic # A106890

POL/kt

SIGNED ELECTRONICALLY BY PATRICK O LANG, MD

Executed at San Francisco, CA. Date: 5/29/2019 9:42:41 AM

I declare under penalty of perjury that this report is true and correct to the best of my knowledge and that I have not violated California Labor Code 139.3